

State of California - Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714-744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST
August 28, 1984

Department of Health Services
P.O. Box 10397
Shipper 308433
STATE ID NUMBER 83564092

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

INTEGRATED NETWORKS
3191-B Airport Loop Drive
Costa Mesa, CA 92626 714/641-9250

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C AX 0 0 00 5 5 1 1

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier CA 90602

VEH/CONTAINER NO.

EPA ID NUMBER

4 2 507

C AD 0 4 2 245 0 01

TRANSPORTER NO. 2/ALTERNATE TSD FACI:

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.

EPA ID NUMBER

AREA CODE/PHONE NUMBER 213/698-0991

C AD 0 4 2 245 0 01

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT NO

DISP
METH

Hazardous Waste, Liquid NOS -ORM-E
(5120)

N A 9 1 89

10 55

G

10 1 DM

2 11 01

COMPONENTS

CONC RANGE
UPPER LOWER

UNITS
% PPM

1,1,1 TRICHLOROETHANE, ISOPROPYL ALIC.
TRICHLOROTRIFLUOROETHANE, TRICHLOROFLOUROMETHANE

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA

Printed or typed full name and signature *Mike Stebbins* MIKE STEBBINS

☐ Check if continuation sheet is used. Number of continuation sheets

MO DAY YR
8 30 84

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature *Henry Solomon*

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE REC'D & ACCEPTED MO. DAY YR
8 30 84
DATE REC'D & ACCEPTED MO. DAY YR
8 30 84

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number.
See instructions

Printed or typed full name and signature *Steve Simpson* STEVE SIMPSON

EPA ID NUMBER

C AD 0 4 2 245 0 01

DATE RECEIVED & ACCEPTED

MO DAY YR
08 30 84